

HOME AND COMMUNITY-BASED SERVICES (HCS) and
TEXAS HOME LIVING (TxHmL)

2018 COST REPORT & 2019 ACCOUNTABILITY REPORT

– Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained
in your files for future reference.

Do not return it to the Health and Human Services Commission

For assistance with the completion of this worksheet, contact the
Rate Analysis Customer Information Center: RAD-LTSS@hhsc.state.tx.us

OPTIONAL WORKSHEET

All monetary calculations should be carried out to two decimal places.

PART 1 - All Participants

Enter all Attendant Staff Wages from STAIRS Step 6c. Sum Boxes A through F and enter the result in Box G.

Enter all STAIRS Step 7 expenses for Attendants. Sum Boxes H through K and enter the result in Box L.

Enter from STAIRS **Step 8.f.** Contracted Day Hab - Non related Party in Box M.

PART 2 - Day Habilitation Services

Step 1: Enter all data for the appropriate Period. We have included 3 Periods for your convenience, if applicable.

Step 2: Sum Box E through Box L and enter the total in Box M.

Step 3: Divide Total Attendant Costs from Box M by Total Units of Service from Boxes A-C. The result will prepopulate in Box N. This is your estimated day habilitation attendant cost per unit of service during the reporting period.

Step 4: Enter the each participation levels Day Hab for the applicable periods.

Multiply units of service (period one) by your rate (attendant cost component for your level of participation) for period one, if applicable. Multiply units of service (period two) by your rate (attendant cost component for your level of participation) for period two, if applicable. Multiply units of service (period three) by your rate (attendant cost component for your level of participation) for period three, if applicable.

Add these products and enter the result in Box O. Divide the amount in Box O by the Medicaid Only Units and enter the weighted average rate (attendant cost component) in Box P.

Step 5: Multiply the amount in Box P by 0.90 and enter the product in Box Q.

Step 6: Subtract the amount from Box Q from the amount from Box N. Enter the result in Box R.

Multiply the amount from Box R by the Medicaid Only Units. Enter the product on Box S.

PART 3 - Non-Day Habilitation Services

Step 1: Enter all data for the appropriate Period. We have included 3 Periods for your convenience, if applicable.

Step 2: Sum Box D through Box K and enter the total in Box L.

Step 3: Enter the each participation levels Non-Day Hab for the applicable periods.

Multiply units of service (period one) by your rate (attendant cost component for your level of participation) for period one, if applicable. Multiply units of service (period two) by your rate (attendant cost component for your level of participation) for period two, if applicable. Multiply units of service (period three) by your rate (attendant cost component for your level of participation) for period three, if applicable.

Add these products and enter the result in Box M.

Step 4: Multiply the amount in Box M by 0.90 and enter the product in Box N.

Step 5: Subtract the amount from Box N from the amount from Box L and divide by Total Units. Enter the result in Box P.

Multiply the amount from Box Q by the Medicaid Only Units. Enter the product on Box R.

The value in Box R is your ***estimated recoupment per unit of service***. Note that this estimate is based on the information reported in this Report. If this information is not accurate, your estimated recoupment will not be accurate.

Check all calculations to insure accuracy